Medical Update for Daniel Stein DOB: 06/30/1949

Date Order Created: 08/11/2026

Order ID: 1150/21110

Agency Assigned Id: 28556

Certification Period: 08/03/2026 to 10/01/2026

HomeCentris Healthcare LLC 217058
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
PHONE 410-321-8448 FAX

Orders:
08/11/2026 Problems : #2 - Other - Anterior Left Wrist/Hand -
#3 - Other - Posterior Right Calf -
#1 - Abrasion - Other - Right finger -

08/10/2026 procedure: cough/deep breathing exercises, Notes: , incentive spirometer, Notes: , coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, Notes: , teach/coordinate/arrange medication packaging and/or administration, Notes: , coordinate/arrange resources for vision-impaired, Notes: , physician-ordered wound care, Notes: Right Finger Leision: Apply Mupirocin to affected area every 8 hours for for 14 days (wrong hand): DISCONTINUED, Physician ordered wound care, Notes: Left Finger Leision: Apply Mupirocin to affected area every 8 hours for for 14 days, physician-ordered wound care, Notes: Right leg and right ankle Leave OTA and assess every visit for s/s of infection. (wrong leg): DISCONTINUED, Physician ordered wound care, Notes: Left leg and left ankle Leave OTA and assess every visit for s/s of infection.,

08/10/2026 goal: patient self-administers medications as prescribed
** recalls related medication(s) purpose, schedule, Target Date: 10/01/2026,*

08/11/2026 Medications: Ciclopirox - Ciclopirox 0.77 perc Topical topical as necessary

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Maria Diwanji
29 S. Paca St

29 S. Paca St, MD 21201
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PHYSICIAN SIGNATURE VALID - Digitally Signed by Signed

Staff Signature: Electronically Signed by Messick, Charles Date 08/12/2026